

Attorney Docket No.: 0180212

AMENDMENT COVER SHEETIN RE APPLICATION OF: Naksrikram, et al.SERIAL NO.: 09/836,065 FILED: April 16, 2001FOR: System and Method for Erase Test of Integrated Circuit Device Having Non-Homogeneously Sized SectorsHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

- TOTAL EXTENSION FEE \$ 0.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	18	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$

First presentation of multiple dependent claim

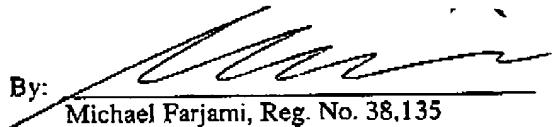
+ 290	+ 145	\$
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TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 8/6/04By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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LESLIE T. LAM

Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

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FACSIMILE TRANSMISSION COVER SHEET

Date: August 6, 2004

To: United States Patent and Trademark Office
Examiner: Mujtaba M. Chaudry; Art Unit: 2133

Fax: (703) 872-9306

Re: Application Serial No.: 09/836,065
Filing Date: 4/16/2001; First Named Inventor: Janevoot Naksrikram
Attorney Docket No.: 0180212

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 23

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated May 6, 2004 and Replacement Sheet.

Thank you.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED
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In re Application of:

Naksrikram, et al.

Serial No.: 09/836,065

Filed: April 16, 2001

For: System and Method for Erase Test of
Integrated Circuit Device Having Non-
Homogeneously Sized Sectors

Art Unit: 2133

Examiner: Chaudry, Mujtaba M.

OFFICIAL**AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated May 6, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.